AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [] ILEC [] Wireless

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Dba/f	ka		Telephone #	
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	State, Zip Code		And the state of t	
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	ham, MA 02494		Norfolk	
City, S	State, Zip Code		County	
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Renie	tered Agent: Corporate Fil			
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	g Address: 317 Ruth Vist gton, SC 29073	а коао		
	State, Zip Code			
		les and regulations in	print or type company contact for the following	l areas
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	(800) 820-8210 x 724	/ (866) 466-1618	/ dechiavana@graechannar.com	
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В.	Telephone Number Michael Morris Customer Relations/C	/ Facsimile Number	/ E-mail Address ative (Include Address if different than above)	
В.	Telephone Number <u>Michael Morris</u> Customer Relations/C <u>(800) 820-8210</u> Telephone Number	/ Facsimile Number complaints Represent /(866) 466-1618	/ E-mail Address ative (Include Address if different than above) / mmorris@grasshopper.com	
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In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

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Mark Salomone	
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 Ronald E. Quirk, Jr.	1/5
This form was completed by	Signature
Regulatory Consulant	/ 12/04/2012
T!4 -	Data

RETURN COMPLETED FORM TO:

Title

Public Service Commission of SC

Date

Docketing Department
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Columbia, South Carolina 29211

And
Office of Regulatory Staff
Attn: Jeanne Gordon
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